

# **EXHIBIT F**

### REDEMPTION ORDER

Michigan Department of Consumer & Industry Services  
Bureau of Workers' Disability Compensation/Board of Magistrates  
P.O. Box 30016, Lansing, MI 48909

(PERSONAL SERVICE)	(MAILED)
12 <sup>th</sup>	DAY OF Jan 19 99
Richard S. Zettel	
MAGISTRATE (PLEASE PRINT)	

THIS FORM MUST BE TYPED

PLAINTIFF NAME <b>Dimitrios S. Marangos</b>	SOCIAL SECURITY NUMBER <b>383-66-3595</b>	ADDRESS <b>33668 Shelly Lynn, P. O. Box 1086 Sterling Heights, MI 48312</b>
EMPLOYER <b>GMC, CPC, CLD Headquarters</b>	CARRIER <b>A Self-Insured</b>	

IF MORE THAN ONE EMPLOYER/CARRIER, ALSO COMPLETE AND ATTACH MULTIPLE CARRIER REDEMPTION FORM (BWC-113A).

The agreement to redeem the employer's entire workers' compensation liability for injuries sustained by the plaintiff on the following date(s) 10-22-93 LDW/OD

by a single payment having been considered by a member of the Board of Magistrates and it appearing that said agreement should be ☒ APPROVED ☐ DENIED.

THEREFORE, IT IS ORDERED that said agreement to redeem the employer's entire liability for workers' disability compensation benefits by the payment of \$ 135,000.00 is ☒ APPROVED ☐ DENIED.

\$ \_\_\_\_\_ cost of annuity, if applicable.

IT IS FURTHER ORDERED that said sum be paid as follows:

\$ 14,750.00 directly to David Cuttner (Federal I.D.# 38-2327410) attorney(s) for plaintiff for attorney fees of \$ 14,750.00 and expenses in connection therewith of \$ -0-

\$ -0- directly to \_\_\_\_\_ for medical expenses.

\$ 36,045.00 directly to Vassiliki N. Marangos & Felke Tafrik, her attorney, for items other than medical expenses. pursuant to a judgment of divorce, Dkt 718/18

\$ 100.00 statutory redemption fee on behalf of plaintiff directly to State of Michigan\*. Payable directly by plaintiff if this order is denied.

\$ 84,105.00 directly to the plaintiff, being the balance; \*See Attached Allegation.

IT IS FURTHER ORDERED that defendant remit defendant's statutory redemption fee of \$100.00 directly to State of Michigan\*.

IT IS FURTHER ORDERED that defendant shall also complete the payment of weekly compensation of \$ -0- per week through \_\_\_\_\_ 19 \_\_\_\_.

Signed this 12<sup>th</sup> day of Jan 19 99 County of Macomb

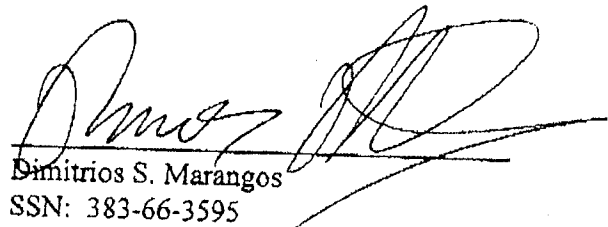
MAGISTRATE

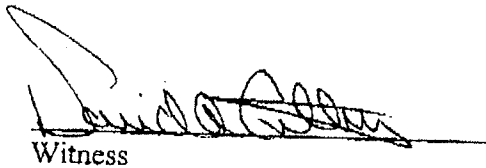
If a request by any of the parties for review by the director, or notice of review by the director on his own motion, is not filed within 15 days from personal service or, if mailed, the mailing date of this order, it shall stand as the final decision of the Bureau of Workers' Disability Compensation. \*Redemption fees are payable immediately following the review period. Denial of this agreement does not discharge the liability for redemption fees. Send one copy of this order with your payment. Checks are to be made payable to the State of Michigan and mailed to the Department of Consumer & Industry Services, BWDC Redemption Fees, P.O. Box 30646, Lansing, Michigan 48909.

AUTHORITY: WORKERS' DISABILITY COMPENSATION ACT, 418.835; 418.836; 418.837  
COMPLETION: VOLUNTARY  
PENALTY: NONE

**EDB WAIVER**

I, **Dimitrios S. Marangos**, agree to waive any EDB benefits I might be entitled to receive as additional consideration for settlement of my workers' compensation case for \$135,000.00.

  
Dimitrios S. Marangos  
SSN: 383-66-3595

  
Witness

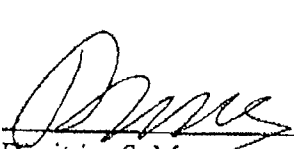
Dated: January 12, 1999

Date

January 12, 1999

I hereby voluntarily quit my employment with General Motors Corporation.

I understand that my eligibility for, or entitlement to, benefits or privileges under any of the employee benefit programs of General Motors applicable to me will be the same as those of any other employee who voluntarily quits employment with the Corporation.

  
Dimitrios S. Marangos  
383-66-3595

Witness:

